

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Title::

REPOSITIONING AND REORIENTATION OF
MASTER/SLAVE RELATIONSHIP IN MINIMALLY
INVASIVE TELESURGERY

Attorney Docket Number::

017516-001320US

Request for Early Publication::

No

Request for Non-Publication::

No

Total Drawing Sheets::

40

Small Entity?::

Yes

Petition included?::

No

Secrecy Order in Parent Appl.::

No

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

WILLIAM

Middle Name::

C.

Family Name::

NOWLIN

City of Residence::

Los Altos

State or Province of Residence::

CA

Country of Residence::

US

Street of Mailing Address::

1751 Oak Avenue

City of Mailing Address::

Los Altos

State or Province of mailing address::

CA

Country of mailing address::

USA

Postal or Zip Code of mailing address::

94024

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: GARY
Middle Name:: S.
Family Name:: GUTHART
City of Residence:: Foster City
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 732 Chebec Lane
City of Mailing Address:: Foster City
State or Province of mailing address:: CA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 94404

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: J. KENNETH
Family Name:: SALISBURY
Name Suffix:: JR.
City of Residence:: Los Altos
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 371 Solana Drive
City of Mailing Address:: Los Altos
State or Province of mailing address:: CA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 94022

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: GUNTER
Middle Name:: D.

Family Name:: NIEMEYER
City of Residence:: Mountain View
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 111 N. Rengstorff Ave., #135
City of Mailing Address:: Mountain View
State or Province of mailing address:: CA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 94043

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Divisional of	09/398,960	09/17/99
	Continuation-in-part of	09/374,643	08/16/99
	Provisional of	60/116,842	01/22/99
	Provisional of	60/116,891	01/22/99
	Provisional of	60/109,359	11/20/98

Assignee Information

Assignee Name:: Intuitive Surgical, Inc.
Street of mailing address:: 1340 W. Middlefield Road
City of mailing address:: Mountain View
State or Province of mailing address:: California
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 94043

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